

General

Title

Bladder cancer: proportion of patients with high risk non muscle invasive bladder cancer (NMIBC) who have undergone transurethral resection of bladder tumour (TURBT) who have a second TURBT or early cystoscopy (\pm biopsy) within 6 weeks (42 days) of initial resection.

Source(s)

NHS Scotland, Scottish Cancer Taskforce, National Cancer Quality Steering Group. Bladder cancer clinical quality performance indicators. Edinburgh (Scotland): Healthcare Improvement Scotland; 2016 Jun. 38 p. [19 references]

Measure Domain

Primary Measure Domain

Clinical Quality Measures: Process

Secondary Measure Domain

Does not apply to this measure

Brief Abstract

Description

This measure is used to assess the proportion of patients with high risk non muscle invasive bladder cancer (NMIBC) who have undergone transurethral resection of bladder tumour (TURBT) who have a second TURBT or early cystoscopy (\pm biopsy) within 6 weeks (42 days) of initial resection.

This Cancer Quality Performance Indicator (QPI) measure is separated into three parts. Please refer to the following related NQMC summaries:

Bladder cancer: proportion of patients with high risk non muscle invasive bladder cancer (NMIBC) who have undergone transurethral resection of bladder tumour (TURBT) where detrusor muscle is absent from specimen, who have a second TURBT or early cystoscopy (\pm biopsy) within 6 weeks (42 days) of initial TURBT.

Bladder cancer: proportion of patients with high risk non muscle invasive bladder cancer (NMIBC) who have undergone transurethral resection of bladder tumour (TURBT) where initial resection is

incomplete, who have a second resection or early cystoscopy (\pm biopsy) within 6 weeks (42 days) of initial TURBT.

Note from the National Quality Measures Clearinghouse: This measure is part of the QPIs collection. For more information, including a complete list of QPI measure sets, please visit the [Healthcare Improvement Scotland Web site](#) .

Rationale

It is well established from white light transurethral resection of bladder tumour (TURBT) series that 33% to 53% of high risk non muscle invasive bladder cancer (NMIBC) have residual disease following an initial TURBT (Brausi et al., 2002). This risk is high when detrusor muscle is absent in the initial resection specimen. The presence of residual disease is a poor prognostic indicator, especially in pT1 disease. A second TURBT in high risk NMIBC improves the recurrence-free survival. Understaging, i.e., not detecting muscle invasive bladder cancer in the initial TURBT, occurs in 4% to 25% of pT1 cancers and can potentially be detrimental to the patient (Bladder Cancer Clinical Guideline Update Panel, 2007).

Evidence suggests that re-TURBT should be performed if the primary resection was not radical, e.g., if there is no detrusor muscle in the sample and/or where the initial specimen shows a high grade Ta/T1 tumour (Bladder Cancer Clinical Guideline Update Panel, 2007; The Dutch Society for Urology, 2009). The second TURBT should be performed at 2 to 6 weeks after initial resection (Bladder Cancer Clinical Guideline Update Panel, 2007; Babjuk et al., 2011).

Evidence for Rationale

Babjuk M, Oosterlinck W, Sylvester R, Kaasinen E, BÅŕhle A, Palou-Redorta J, RouprÃt M, European Association of Urology (EAU). EAU guidelines on non-muscle-invasive urothelial carcinoma of the bladder, the 2011 update. Eur Urol. 2011 Jun;59(6):997-1008. [PubMed](#)

Bladder Cancer Clinical Guideline Update Panel. Guideline for the management of nonmuscle invasive bladder cancer: (stages Ta, T1, and Tis): 2007 update. Linthicum (MD): American Urological Association Education and Research, Inc; 2007. 133 p. [31 references]

Brausi M, Collette L, Kurth K, van der Meijden AP, Oosterlinck W, Witjes JA, Newling D, Bouffieux C, Sylvester RJ, EORTC Genito-Urinary Tract Cancer Collaborative Group. Variability in the recurrence rate at the first follow up cystoscopy after TUR in stage TaT1 transitional cell carcinoma of the bladder: a combined analysis of seven EORTC studies. Eur Urol. 2002 May;41(5):523-31. [PubMed](#)

NHS Scotland, Scottish Cancer Taskforce, National Cancer Quality Steering Group. Bladder cancer clinical quality performance indicators. Edinburgh (Scotland): Healthcare Improvement Scotland; 2016 Jun. 38 p. [19 references]

The Dutch Society for Urology. Bladder carcinoma. Utrecht (The Netherlands): Comprehensive Cancer Centre the Netherlands; 2009 Feb 13. 128 p.

Primary Health Components

High risk non muscle invasive bladder cancer (NMIBC); re-transurethral resection of bladder tumour (TURBT); cystoscopy

Denominator Description

All patients with high risk non muscle invasive bladder cancer (NMIBC) who have undergone transurethral resection of bladder tumour (TURBT) (see the related "Denominator Inclusions/Exclusions" field)

Numerator Description

Number of patients with high risk non muscle invasive bladder cancer (NMIBC) who have undergone transurethral resection of bladder tumour (TURBT) who have a second TURBT or early cystoscopy (\pm biopsy) within 6 weeks (42 days) of initial resection (see the related "Numerator Inclusions/Exclusions" field)

Evidence Supporting the Measure

Type of Evidence Supporting the Criterion of Quality for the Measure

A clinical practice guideline or other peer-reviewed synthesis of the clinical research evidence

A formal consensus procedure, involving experts in relevant clinical, methodological, public health and organizational sciences

One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

Additional Information Supporting Need for the Measure

Unspecified

Extent of Measure Testing

The collection of data is piloted on a small number of patient records using a paper data collection form produced by the Information Services Division (ISD). The aim is to identify any anomalies or difficulties with data collection prior to full implementation. At least one NHS board in each Regional Cancer Network participates in the pilot.

Evidence for Extent of Measure Testing

NHS Scotland. National cancer quality performance indicators: overview of development process. Edinburgh (Scotland): NHS Scotland; 2012 Dec. 7 p.

State of Use of the Measure

State of Use

Current routine use

Current Use

not defined yet

Application of the Measure in its Current Use

Measurement Setting

Ambulatory Procedure/Imaging Center

Hospital Inpatient

Hospital Outpatient

Professionals Involved in Delivery of Health Services

not defined yet

Least Aggregated Level of Services Delivery Addressed

Single Health Care Delivery or Public Health Organizations

Statement of Acceptable Minimum Sample Size

Unspecified

Target Population Age

Unspecified

Target Population Gender

Either male or female

National Strategy for Quality Improvement in Health Care

National Quality Strategy Aim

Better Care

National Quality Strategy Priority

Prevention and Treatment of Leading Causes of Mortality

Institute of Medicine (IOM) National Health Care Quality Report Categories

IOM Care Need

Getting Better

Living with Illness

IOM Domain

Effectiveness

Timeliness

Data Collection for the Measure

Case Finding Period

Unspecified

Denominator Sampling Frame

Patients associated with provider

Denominator (Index) Event or Characteristic

Clinical Condition

Therapeutic Intervention

Denominator Time Window

not defined yet

Denominator Inclusions/Exclusions

Inclusions

All patients with high risk non muscle invasive bladder cancer (NMIBC)* who have undergone transurethral resection of bladder tumour (TURBT)

**High Risk NMIBC:* Patients with high grade G2/G3, pT1 or pTa, or carcinoma in situ (CIS)

Exclusions

Patients where TURBT has been carried out for palliation

Exclusions/Exceptions

not defined yet

Numerator Inclusions/Exclusions

Inclusions

Number of patients with high risk non muscle invasive bladder cancer (NMIBC) who have undergone transurethral resection of bladder tumour (TURBT) who have a second TURBT or early cystoscopy (\pm biopsy) within 6 weeks (42 days) of initial resection

Exclusions

Patients where TURBT has been carried out for palliation

Numerator Search Strategy

Fixed time period or point in time

Data Source

Electronic health/medical record

Paper medical record

Type of Health State

Does not apply to this measure

Instruments Used and/or Associated with the Measure

Unspecified

Computation of the Measure

Measure Specifies Disaggregation

Does not apply to this measure

Scoring

Rate/Proportion

Interpretation of Score

Desired value is a higher score

Allowance for Patient or Population Factors

not defined yet

Standard of Comparison

not defined yet

Prescriptive Standard

Target: 80%

The tolerance within this target is designed to account for situations where patients are not fit enough for a further operation, where patients are frail and a thin bladder wall is suspected and where there is imaging which suggests re-transurethral resection of bladder tumour (TURBT) is not required or where photodynamic diagnosis (PDD) TURBT has been carried out. It also accounts for those patients where there has been intra or extraperitoneal perforation.

Evidence for Prescriptive Standard

NHS Scotland, Scottish Cancer Taskforce, National Cancer Quality Steering Group. Bladder cancer clinical quality performance indicators. Edinburgh (Scotland): Healthcare Improvement Scotland; 2016 Jun. 38 p. [19 references]

Identifying Information

Original Title

QPI 4 (i) – early re-transurethral resection of bladder tumour (TURBT).

Measure Collection Name

Cancer Quality Performance Indicators (QPIs)

Measure Set Name

Bladder Cancer

Submitter

NHS Scotland - National Government Agency [Non-U.S.]

Scottish Cancer Taskforce - National Government Agency [Non-U.S.]

Developer

NHS Scotland - National Government Agency [Non-U.S.]

Scottish Cancer Taskforce - National Government Agency [Non-U.S.]

Funding Source(s)

Scottish Government

Composition of the Group that Developed the Measure

Bladder Cancer QPI Development Group

Financial Disclosures/Other Potential Conflicts of Interest

Unspecified

Adaptation

This measure was not adapted from another source.

Date of Most Current Version in NQMC

2016 Jun

Measure Maintenance

The Cancer Quality Performance Indicators (QPIs) will be kept under regular review and be responsive to changes in clinical practice and emerging evidence.

Date of Next Anticipated Revision

2018 Feb

Measure Status

This is the current release of the measure.

Measure Availability

Source document available from the [Healthcare Improvement Scotland Web site](#) .

For more information, contact the Healthcare Improvement Scotland at Gyle Square, 1 South Gyle Crescent, Edinburgh, Scotland EH12 9EB; Phone: 0131 623 4300; E-mail: comments.his@nhs.net; Web site: www.healthcareimprovementscotland.org/ .

Companion Documents

The following is available:

NHS Scotland. National cancer quality performance indicators: overview of development process. Edinburgh (Scotland): NHS Scotland; 2012 Dec. 7 p. This document is available from the [Healthcare Improvement Scotland Web site](#) .

NQMC Status

This NQMC summary was completed by ECRI Institute on May 3, 2017. The information was verified by the measure developer on May 23, 2017.

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Production

Source(s)

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